

AWOL SPAY AND NEUTER PROGRAM

Name: _____

Address: _____

Phone: _____

Place of Employment: _____

Number of Animals in Household: _____

DOGS

| Breed | Sex | Age | Weight |
|-------|-----|-----|--------|
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

CATS

| Breed | Sex | Age |
|-------|-----|-----|
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

Signature

Date

Send filled out application to AWOL, P.O. Box 290, Independence, KS 67301 or drop off at 116 S. 23rd, Independence. Applications will be processed and AWOL will contact you.